


01- R-1030

Entered – 5-21-01 - sb
CL – 01L0331 - ALEXIS HOLMES

CLAIM OF: **ROBERT W. FISH**
359 Milledge Avenue SE
Atlanta, Georgia 30321

For damages alleged to have been sustained as a result of City workers removing his lawnmower on May 15, 2001 at 359 Milledge Avenue, SE.

THIS ADVERSE REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0331

Date: 6/26/01

Claimant /Victim ROBERT W. FISH

BY: (Atty) _____

Address: 359 Milledge Avenue, SE Atlanta, Georgia 30321

Subrogation: _____ Claim for Property damage \$ 350.00 Bodily Injury \$ _____

Date of Notice: 5/17/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence: 5/15/01 Place: 359 Milledge Avenue, SE

Department: Public Works Division: Solid Waste Services

Employee involved: Stephen Tribble and James Atkins Disciplinary Action: None taken

NATURE OF CLAIM: The claimant alleges that he sustained damages when his lawnmower was removed from his property, and picked up with the trash and taken to a landfill. However, the two City workers who picked up the claimant's trash, on the day in question, submitted affidavits stating that they did not remove the claimant's lawnmower from his premises, and further states that they did not see a lawnmower when they picked up the trash.

INVESTIGATION:

Statements: City employee X Claimant X Other X Written X Oral X

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

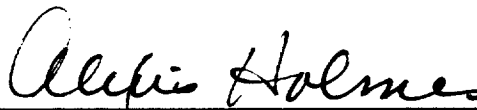
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 06-27-01

Committee Action: _____ Council Action _____

Contact for. Howard G. BoB
phone-624 0799.

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 05/17/01

Dear Municipal Clerk:

ENTERED - 5-21-01 - SB
01L0331 - ALEXIS HOLMES

Holmes
05/17/01

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 350.00 property and/or \$ bodily injury for which I contend the City is liable.

1. Date of incident: 05/15/01 (month/day/year) 2. Time of Incident: 4pm 3. Police called: Yes No

4. Location of incident (including street address): 359 Milledge Ave SE Atlanta GA. 30321

5. Name of your insurance company: N/A Policy No.

6. State what and how incident occurred: Waste removal truck took my lawn mower to the landfill - it was not at the refuse pick up - it was located in my front yard.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: (Make) (Year) (Tag Number) (Driver's Name)

City vehicle: (Make) (City Driver's Name) (Department/Bureau)

9. Witness: (Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Robert W. Fish
(Print Claimant's Name)
359 Milledge Ave SE
(Address)
Atlanta, Ga 30321
(City, State and Zip Code)
404-310-1163 / 404-523-4257
(Work Number) (Home Number)
01- R-1030